Attorney Docket No. KIM - 1

DECLARATION AND POWER OF ATTORNEY

(Patent, Design or C-I-P Application)

As a below-named inventor, I hereby declare that:

Ne a user manual mentality, i retard yearest viet.

My residence, post of file address and distinatibly are as stated below next to my name.

I believe I am the original, first and sole inventor off only one name is listed below) or an original, first and joint inventor (if plural names are stated below) of the subject matter which is claimed and for which a patent is sought on the invention entitled; ZEMICEAND METHOD. the specification of which

X is attached hereto ____ as Application Serial No. _____ and was amended on __ ___ was filed on __

I hereby state that I have reviewed and understand the contents of the above entitled specification, including the claims, as amended by any amendment referred to above.

- COUNTRY		APPLICATION NO.	DATE OF FILIT (day, month, ye	
				YES NO
•	CATIONS CONTINUED ON PAGE 2			YES NO
disclosed in the prior fined in Title 37, Code (Application Ser (Application Ser	United States application in the ma of Federal Regulations, §1.56(a) whi ial No.)	nner provided by the first page of Title 35 nich occurred between the filing date of the (Filing Date)	, United States Code, 511 prior application and the (Status)	the subject matter of each of the claims of this a g. 2. lacknowledge the duty to disclose meterial instituted or PCT international filing date of this apparent of the pending, abandoned) patented, pending, abandoned) patented, pending, abandoned) dtransact all business in the Petent and Trademu
	g. No. 34,653; MARY ALICE Men E TO: Lamorte & Associates P.O. Box 434 Yardley, PA 19	5, P.C.	OIRECT TELEPHO CALLS TO:	NE Eric A. LaMorte, Esq. (215) 321-6772
FULL NAME OF INVENTOR #1	LAST NAME:	FIRST NAME: C.		MIDDLE NAME:
RESIDENCE & CITIZENSHIP	CITY: LANSDALE	STATE OR FOREIGN PENNSYLVANIA		COUNTRY OF CITIZENSHIP: USA
POST OFFICE ADDRESS	POST OFFICE ADDRESS: 201 HICKORY COURT	CITY: Lansdale		STATE OR COUNTRY AND ZIP CODE: PENNSYLVANIA 19446
FULL NAME OF INVENTOR #2	LAST NAME:	FIRST NAME:		MIODLE NAME:
RESIDENCE & CITIZENSHIP	CITY:	STATE OR FOREIGN	COUNTRY:	COUNTRY OF CITIZENSHIP:
POST OFFICE ADDRESS	POST OFFICE ADDRESS:	CITY:		STATE OR COUNTRY AND ZIP CODE:
FULL NAME OF INVENTOR #3	LAST NAME:	FIRST NAME:		MIDDLE NAME:
	сіту:	STATE OR FOREIGN	COUNTRY:	COUNTRY OF CITIZENSHIP:
RESIDENCE & CITIZENSHIP	(

were made with the knowledge that willful false statements and the like so made are punishable by fine or impriso and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor #1	Signature of Inventor #2	Signature of Inventor #3
Date: NOV 3, ZOO SEE PAGE 2 ATTACHED, SIGNED AND MADE A PART HEREOF:	Date:	Date: